

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title/Position]
[Company/Organization Name]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I, [Your Name], hereby authorize [Representative's Name] to act on my behalf in all matters relating to [specific purpose or scope of authorization, e.g., account management, documentation, etc.] with [Company/Organization Name]. This authorization is effective from [Start Date] until [End Date, if applicable].

[Representative's Name] can be reached at [Representative's Phone Number] and [Representative's Email Address].

I understand that I am fully responsible for any actions taken by my representative during this period.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]